

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 28, 1996

ALL COUNTY INFORMATION NOTICE I-44-96

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC BUDGET WORKSHEET (CA 30)

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☒ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

The purpose of this notice is to transmit the revised CA 30 (8/96), Aid to Families with Dependent Children (AFDC) Budget Worksheet. This revision provides a checkbox to indicate if the Assistance Unit (AU) is exempt from the Maximum Aid Payment (MAP) cuts. It also revises the budget calculation for the following items: Cal-Learn penalty or bonus; overpayment of child/spousal support; and dependent care for the under 2 or over 2 year old child(ren). See the other side of this page for an outline of the specific changes. This form will replace the currently used BC CA 30 form.

STOCK

The CA 30 is designated as a required form and substitutes are permitted with prior California Department Social Services approval. State produced stock of the CA 30 is expected to be available in four to six weeks. The BC CA 30 is no longer available.

CONTACTS

Counties needing a camera-ready copy of the CA 30 should call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907.

If you have questions regarding the CA 30 form, you may contact Donna Morgan of the AFDC Policy Implementation Bureau at (916) 654-5709 or CALNET 464-5709.

Sincerely,

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

c: CWDA

Attachment

Revisions made to the Budget Worksheet:

Page 1

- o The form number is revised from "BC CA 30" to "CA 30." The "BC CA 30" is now obsolete.
- o The "AU" section is reformatted and includes a checkbox for "Exempt from MAP Cuts."
- o Old Item C involving former state MAP for Relocation Family Grant is eliminated. All subsequent sections are relettered.
- o New Item F2 adds the Cal-Learn Penalty and Item F3 adds the Cal-Learn Bonus.
- o The "Budget Recomputation" Section which is used to calculate an overpayment or underpayment is revised as follows:
 - (1) First part of the calculation involves using "H. Actual Cash Aid Paid;"
 - (2) Subtract "I. Correct Cash Aid Amount;" and
 - (3) Result equals "J. Subtotal."
 - (4) Second part of the calculation again uses "K. Actual Cash Aid Paid;"
 - (5) Subtract "L. Child/Spousal Support Collected;" and
 - (6) Result equals "M. Subtotal."
 - (7) Third part of the calculation requires taking the lesser of the two Subtotals (J or M); and
 - (8) Result equals "N. Overpayment Amount."
 - (9) "O" is provided for any "Underpayment Amount" and is indicated if "G is larger than H."

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- o Item B9, Dependent Care Expense Disregard, is reformatted as follows:
 - (1) "Incapacitated Individual" is moved to "(a);"
 - (2) lines "(b)" and "(c)" provide for the deduction of first or second child allowable disregards or portion used, and checkboxes to indicate if deduction is for under 2 and over 2 year old child(ren);
 - (3) deleted part time/full time.
- o Item B13 "Unmet Needs of Ineligible Alien Child(ren)" is added.

AFDC BUDGET WORKSHEET

CASE NAME:	CASE NUMBER:	WORKER NUMBER:
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Payment Month <input type="checkbox"/> Exempt from MAP Cuts ASSISTANCE UNIT	Check (✓)		
	ADULT	CHILD	
TOTAL			
A. Minimum Basic Standard of Adequate Care (MBSAC)/Rate for _____ Persons	\$		
1. Special Needs (Other than Homeless Assistance)	+		
2. Net Nonexempt Income (Enter Item (B) 14 from Side 2)	-		
3. Potential Grant	\$ =		
B. Maximum Aid Payment (MAP)/Rate for _____ Persons	\$		
1. Special Needs (Other than Homeless Assistance)	+		
2. MAP plus Special Needs	\$ =		
C. Aid Payment (Lesser of A3 or B2)	\$		
Proration figure Date:	X		
D. Prorated Aid Payment	\$ =		
E. Homeless Assistance	+		
F. Adjustments:			
1. Overpayments	-		
2. Cal-Learn Penalty	-		
3. Cal-Learn Bonus	+		
G. Adjusted Aid Payment	\$ =		

Payment Month <input type="checkbox"/> Exempt from MAP Cuts ASSISTANCE UNIT	Check (✓)		
	ADULT	CHILD	
TOTAL			
A. Minimum Basic Standard of Adequate Care (MBSAC)/Rate for _____ Persons	\$		
1. Special Needs (Other than Homeless Assistance)	+		
2. Net Nonexempt Income (Enter Item (B) 14 from Side 2)	-		
3. Potential Grant	\$ =		
B. Maximum Aid Payment (MAP)/Rate for _____ Persons	\$		
1. Special Needs (Other than Homeless Assistance)	+		
2. MAP plus Special Needs	\$ =		
C. Aid Payment (Lesser of A3 or B2)	\$		
Proration figure Date:	X		
D. Prorated Aid Payment	\$ =		
E. Homeless Assistance	+		
F. Adjustments:			
1. Overpayments	-		
2. Cal-Learn Penalty	-		
3. Cal-Learn Bonus	+		
G. Adjusted Aid Payment	\$ =		

Payment Month <input type="checkbox"/> Exempt from MAP Cuts ASSISTANCE UNIT	Check (✓)		
	ADULT	CHILD	
TOTAL			
A. Minimum Basic Standard of Adequate Care (MBSAC)/Rate for _____ Persons	\$		
1. Special Needs (Other than Homeless Assistance)	+		
2. Net Nonexempt Income (Enter Item (B) 14 from Side 2)	-		
3. Potential Grant	\$ =		
B. Maximum Aid Payment (MAP)/Rate for _____ Persons	\$		
1. Special Needs (Other than Homeless Assistance)	+		
2. MAP plus Special Needs	\$ =		
C. Aid Payment (Lesser of A3 or B2)	\$		
Proration figure Date:	X		
D. Prorated Aid Payment	\$ =		
E. Homeless Assistance	+		
F. Adjustments:			
1. Overpayments	-		
2. Cal-Learn Penalty	-		
3. Cal-Learn Bonus	+		
G. Adjusted Aid Payment	\$ =		

BUDGET RECOMPUTATION

BUDGET RECONCILIATION		BUDGET RECONCILIATION		BUDGET RECONCILIATION	
H. Actual Cash Aid Paid	\$	H. Actual Cash Aid Paid	\$	H. Actual Cash Aid Paid	\$
I. Correct Cash Aid Amount	-	I. Correct Cash Aid Amount	-	I. Correct Cash Aid Amount	-
J. Subtotal	=	J. Subtotal	=	J. Subtotal	=
K. Actual Cash Aid Paid	\$	K. Actual Cash Aid Paid	\$	K. Actual Cash Aid Paid	\$
L. Child/Spousal Support Collected	-	L. Child/Spousal Support Collected	-	L. Child/Spousal Support Collected	-
M. Subtotal	=	M. Subtotal	=	M. Subtotal	=
N. Overpayment Amount (Lesser of Subtotal J or M)	\$	N. Overpayment Amount (Lesser of Subtotal J or M)	\$	N. Overpayment Amount (Lesser of Subtotal J or M)	\$
O. Underpayment Amount (If G is larger than H)	\$	O. Underpayment Amount (If G is larger than H)	\$	O. Underpayment Amount (If G is larger than H)	\$
EW INITIAL AND DATE	AUTHORIZATION DATE	EW INITIAL AND DATE	AUTHORIZATION DATE	EW INITIAL AND DATE	AUTHORIZATION DATE

INCOME COMPUTATION

(A) 185% INCOME TEST	Budget Month _____ for Payment Month _____	Budget Month _____ for Payment Month _____	Budget Month _____ for Payment Month _____
1. 185% of MBSAC plus Special Needs for _____ Persons	=		
2. Gross Income ((B) 3 plus (B) 11 plus excluded persons gross income. Include child support collected by the county.)	=		
3. Gross Income Eligible ((A) 1 exceeds (A) 2)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(B) NET INCOME COMPUTATION	Budget Month _____ for Payment Month _____	Budget Month _____ for Payment Month _____	Budget Month _____ for Payment Month _____
1. Gross Earned Income	\$	Person 1	Person 2
2. Net Income from Self-Employment Earnings (If applicable, calculate below)	+	Person 3	Person 1
3. Total Earned Income	=	Person 2	Person 3
4. Standard Work Expense Disregard	-	Person 1	Person 2
5. Disregard \$30 (if applicable)	-	Person 3	Person 1
6. Subtotal	=	Person 2	Person 3
7. Disregard 1/3 of Subtotal in (B) 6 above (if applicable)	-	Person 1	Person 2
8. Subtotal	=	Person 3	Person 1
9. Dependent Care Expense Disregard a) Incapacitated Individual	-	Person 2	Person 3
Subtotal	=	Person 1	Person 2
b) 1st Child - Allowable Disregard or, if greater than subtotal, portion used <input type="checkbox"/> Under 2 <input type="checkbox"/> 2 & Over	-	Person 3	Person 1
Subtotal	=	Person 2	Person 3
c) 2nd Child - Allowable Disregard or, if greater than subtotal, portion used <input type="checkbox"/> Under 2 <input type="checkbox"/> 2 & Over	-	Person 1	Person 2
10. Subtotal	=	Person 3	Person 1
11. Other Countable Income: (Specify)	+	Person 2	Person 3
	+	Person 1	Person 2
12. Court Ordered Child/Spousal Support Paid	-	Person 3	Person 1
13. Unmet Needs of Ineligible Alien Child(ren)	-	Person 2	Person 3
14. Net Nonexempt Income	\$	Person 1	Person 2
	=	Person 3	Person 1
15. Total Net Nonexempt Income (Enter in A2 on Side 1)	\$	\$	\$
	=	=	=
(C) EARNINGS FROM SELF-EMPLOYMENT			
1. Gross Earnings from Self-Employment	\$		
2. Business Expenses: (Specify)	-		
	-		
	-		
	-		
3. Net Business Income ((C) 1 minus (C) 2 . Enter in (B) 2 above)	\$		
	=		